

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <input type="text" value="12486"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="James"/> <input type="text" value="E"/> <input type="text" value="Hildebrand"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text" value="5425 Riveredge Drive"/>  City <input type="text" value="Titusville"/>  State <input type="text" value="Florida"/> ZIP Code + 4 <input type="text" value="32780-7301"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="UA Plumbers &amp; Pipefitters Local Union 295"/>  Labor Organization File Number <input type="text" value="039-008"/>  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text" value="743 North Beach Street"/>  City <input type="text" value="Daytona Beach"/>  State <input type="text" value="Florida"/> ZIP Code + 4 <input type="text" value="32114-2279"/>
5. Position in labor organization. <input type="text" value="President"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>  7.b. Amount. <input type="text" value="\$0"/>

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

Name of Person Filing James Hildebrand

File Number U- 12486

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Joint Apprentice &amp; Journeyman Educational Fd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 743 North Beach Street

City Daytona Beach

State Florida

ZIP Code + 4 32114-2279

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Leases an employee from UA Plumbers & Pipefitters  
Local Union 295

11.b. Approximate dollar value of such dealing.

\$63,557

12.a. Nature of interest held or income received.

Reimbursement of travel expenses for conference

12.b. Amount.

\$150

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

\$0

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 743 North Beach Street

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State Florida ZIP Code + 4 32114-2279

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Leases an employee from UA Plumbers & Pipefitters  
Local Union 295

## 11.b. Approximate dollar value of such dealing.

\$63,567

## 12.a. Nature of interest held or income received.

Reimbursement of food expenses for meeting

## 12.b. Amount.

\$30

Name of Person Filing James Hildebrand	File Number U- 12486
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Joint Apprentice &amp; Journeyman Educational Fd</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 743 North Beach Street</p> <p>City Daytona Beach</p> <p>State Florida ZIP Code + 4 32114-2279</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Leases an employee from UA Plumbers &amp; Pipefitters Local Union 295</p> <p>11.b. Approximate dollar value of such dealing. \$63,567</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement of travel expenses</p> <p>12.b. Amount. \$487</p>

## Part B Continuation Page

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Trade Name, if any:

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Street 743 North Beach Street

City Daytona Beach

State Florida ZIP Code + 4 32114-2279

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Leases an employee from UA Plumbers & Pipefitters  
Local Union 295

## 11.b. Approximate dollar value of such dealing.

\$63,567

## 12.a. Nature of interest held or income received.

Reimbursement of supplies expenses Dollar General  
Stores and fuel from Exxon

## 12.b. Amount.

\$49

Name of Person Filing James Hildebrand	File Number U- 12486
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Joint Apprentice &amp; Journeyman Educational Fd</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>743 North Beach Street</u></p> <p>City <u>Daytona Beach</u></p> <p>State <u>Florida</u> ZIP Code + 4 <u>32114-2279</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Leases an employee from UA Plumbers &amp; Pipefitters</u> <u>Local Union 295</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$63,567</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Reimbursement of gas costs from Raceway</u></p> <p>12.b. Amount. <u>\$41</u></p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Leases an employee from UA Plumbers & Pipefitters  
Local Union 295

## 11.b. Approximate dollar value of such dealing.

\$63,567

## 12.a. Nature of interest held or income received.

Reimbursement of expenses from Supersaver supplies,  
Raceway fuel, Houligans meals, Supersaver supplies,  
TasTDonuts food and Altamonte Eye Care medical

## 12.b. Amount.

\$192